

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39663

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 6264		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hazelwood</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Seymour</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>William</u>		<u>Columbus</u>		<u>Dennis</u>	
4. DATE OF DEATH (Month) (Day) (Year)							
		<u>Nov.</u>		<u>21</u>		<u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Sept 19, 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Boone County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Columbus Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Cantr</u>		14. NAME OF HUSBAND OR WIFE <u>dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lester Dennis</u>		ADDRESS <u>Seymour Mo Rt 3</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>				<u>2 weeks</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>3 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic Fever</u>				<u>Choked</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Seymour Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 15, 1948</u> , to <u>Nov-20, 1950</u> , that I last saw the deceased alive on <u>Nov-20, 1950</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Gile</u>				23b. ADDRESS <u>S.O. 2 Seymour Mo</u>		23c. DATE SIGNED <u>11/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>		24d. LOCATION (City, town, or county) (State) <u>Seymour Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-27-50</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>		343		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley, Ferrell, Bergman</u>	
						ADDRESS <u>Seymour Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 30 1950

Dist File 1250-2255

Date Recd 12-4-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address For Standard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.